

EXHIBIT A



Medicare Summary Notice for Part B (Medical Insurance)

The Official Summary of Your Medicare Claims from the Centers for Medicare & Medicaid Services



KAREN OLSEN FOR
JEREMY OLSEN

This Is Not A Bill

Notice for Jeremy Olsen

Medicare Number	2G8-5C-49QH63
Date of This Notice	January 21, 2022
Claims Processed Between	October 23, 2021 - January 21, 2022

Your Deductible Status

Your deductible is what you must pay for most health services before Medicare begins to pay.

Part B Deductible: You have now met your \$203.00 deductible for 2021. You have now met your \$233.00 deductible for 2022.

Be Informed!

Getting a COVID-19 booster shot is important to keep you and those around you safe. It's easy and available at no cost to people with Medicare. Go to [Vaccines.gov](https://www.vaccines.gov) to find and schedule a booster shot near you.

Your Claims & Costs This Period

Did Medicare Approve All Items and Services?	YES
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See page 2 for how to double-check this notice.

Total You May Be Billed	\$791.60
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Suppliers with Claims This Period

October 13, 2021 - April 4, 2022
Minimed Distribution Corp

December 11 - December 20, 2021
Walgreens #2205

¿Sabía que puede recibir este aviso y otro tipo de ayuda de Medicare en español? Llame y hable con un agente en español.

如果需要国语帮助, 请致电联邦医疗保险, 请先说“agent”, 然后说“Mandarin”.

1-800-MEDICARE (1-800-633-4227)

Making the Most of Your Medicare

How to Check This Notice

Do you recognize the name of each supplier?

Check the dates. Did you make a purchase that day?

Did you get the items/services listed? Do they match those listed on your receipts and bills?

If you already paid the bill, did you pay the right amount? Check the maximum you may be billed. See if the claim was sent to your Medicare supplement insurance (Medigap) plan or other insurer. That plan may pay your share.

How to Report Fraud

If you think a supplier or business is involved in fraud, call us at 1-800-MEDICARE (1-800-633-4227).

Some examples of fraud include offers for free medical services or billing you for Medicare services you didn't get. If we determine that your tip led to uncovering fraud, you may qualify for a reward.

Beware of advertisements that read, "This item is approved by Medicare" or "No out-of-pocket expenses."

How to Get Help with Your Questions

1-800-MEDICARE (1-800-633-4227)

Ask for "medical supplies." Your customer-service code is 19003.

TTY 1-877-486-2048 (for hearing impaired)

Contact your State Health Insurance Program (SHIP) for free, local health insurance counseling. Call **1-800-562-6900**.

Your Messages from Medicare

You can now get your Medicare Summary Notices

(MSNs) online! Receive your electronic MSNs

(eMSNs) every month by signing up at

<https://www.medicare.gov/forms-help-resources/go-paperless>

Get a pneumococcal shot. You may only need it once in a lifetime. Contact your health care provider about getting this shot. You pay nothing if your health care provider accepts Medicare assignment.

Prostate cancer is the second leading cause of cancer deaths in men. Medicare helps pay for prostate cancer screenings once every 12 months, for men over age 50. Talk to your doctor about getting checked.

If you have diabetes, a family history of glaucoma, are African American and 50 or older, or are Hispanic and 65 and older, you're at high risk. Medicare helps cover glaucoma screenings once every 12 months.

Your Claims for Part B (Medical Insurance)

Part B Medical Insurance helps pay for durable medical equipment and other health care services.

Definitions of Columns

Item/Service Approved?: This column tells you if Medicare covered this item or service.

Amount Supplier Charged: This is your supplier's fee for the item or service.

Medicare-Approved Amount: This is the amount a supplier can be paid for a Medicare item or service. It may be less than the actual amount the supplier charged. Your supplier has agreed to accept this

amount as full payment for covered items or services. Medicare usually pays 80% of the Medicare-approved amount.

Amount Medicare Paid: This is the amount Medicare paid the supplier. This is usually 80% of the Medicare-approved amount.

Maximum You May Be Billed: This is the total amount the supplier is allowed to bill you and can include a deductible, coinsurance, and other charges not covered. If you have Medicare Supplement Insurance (Medicap policy) or other insurance, it may pay all or part of this amount.

October 13, 2021

Minimed Distribution Corp, (800)646-4633

18000 Devonshire St, Northridge, CA 91325-1219

Ordered by Jennifer L Jones

Quantity, Item/Service Provided & Billing Code	Item/Service Approved?	Amount Supplier Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
90 Durable medical equipment, miscellaneous (E1399-GXCC)	Yes - adjusted	\$1,824.90	\$1,824.90	\$1,459.92	\$364.98	
Total for Claim # 21288839976002		\$1,824.90	\$1,824.90	\$1,459.92	\$364.98	A

Continued->

Continued →

Notes for Claims Above

A This is a correction to a previously processed claim and/or deductible record.



Walgreens #2205, (509)466-7461

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[illegible][illegible]

Walmart #2205, (509)466-7461

[REDACTED]

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Category	Item 1	Item 2	Item 3	Item 4	Item 5	Item 6
Category 1	Item 1.1	Item 1.2	Item 1.3	Item 1.4	Item 1.5	Item 1.6
Category 2	Item 2.1	Item 2.2	Item 2.3	Item 2.4	Item 2.5	Item 2.6
Category 3	Item 3.1	Item 3.2	Item 3.3	Item 3.4	Item 3.5	Item 3.6
Category 4	Item 4.1	Item 4.2	Item 4.3	Item 4.4	Item 4.5	Item 4.6
Category 5	Item 5.1	Item 5.2	Item 5.3	Item 5.4	Item 5.5	Item 5.6
Category 6	Item 6.1	Item 6.2	Item 6.3	Item 6.4	Item 6.5	Item 6.6
Category 7	Item 7.1	Item 7.2	Item 7.3	Item 7.4	Item 7.5	Item 7.6
Category 8	Item 8.1	Item 8.2	Item 8.3	Item 8.4	Item 8.5	Item 8.6
Category 9	Item 9.1	Item 9.2	Item 9.3	Item 9.4	Item 9.5	Item 9.6
Category 10	Item 10.1	Item 10.2	Item 10.3	Item 10.4	Item 10.5	Item 10.6

[illegible]

Walgreens #2205, (509)466-7461

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ENV12762

Ordered by Jennifer L Jones

Quantity, Item/Service Provided & Billing Code	Item/Service Approved?	Amount Supplier Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
[REDACTED]						
[REDACTED]						
[REDACTED]						
[REDACTED]						
[REDACTED]						
[REDACTED]						
Total for Claim # 22007822990000		\$783.84	\$391.60	\$124.34	\$264.72	C

Notes for Claims Above

- B** The approved amount is based on a special payment method.
- C** After your deductible and coinsurance were applied, the amount Medicare paid was reduced due to Federal, State and local rules.

How to Handle Denied Claims or File an Appeal

Get More Details

If a claim was denied, call or write the supplier and ask for an itemized statement for any claim. Make sure they sent in the right information. If they didn't, ask the supplier to contact our claims office to correct the error. You can ask the supplier for an itemized statement for any item or claim.

Call 1-800-MEDICARE (1-800-633-4227) for more information about a coverage or payment decision on this notice, including laws or policies used to make the decision.

If You Disagree with a Coverage Decision, Payment Decision, or Payment Amount on this Notice, You Can Appeal

Appeals must be filed in writing. Use the form to the right. Our claims office must receive your appeal within 120 days from the date you get this notice.

We must receive your appeal by:

May 26, 2022

If You Need Help Filing Your Appeal

Contact us: Call 1-800-MEDICARE or your State Health Insurance Program (see page 2) for help before you file your written appeal, including help appointing a representative.

Call your supplier: Ask your supplier for any information that may help you.

Ask a friend to help: You can appoint someone, such as a family member or friend, to be your representative in the appeals process.

Find Out More About Appeals

For more information about appeals, read your "Medicare & You" handbook or visit us online at www.medicare.gov/appeals.

File an Appeal in Writing

Follow these steps:

- 1 Circle the item(s) or claim(s) you disagree with on this notice.
- 2 Explain in writing why you disagree with the decision. Include your explanation on this notice or, if you need more space, attach a separate page to this notice.
- 3 Fill in all of the following:

Your or your representative's full name (print)

Your telephone number

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Your complete Medicare number

- 4 Include any other information you have about your appeal. You can ask your supplier for any information that will help you.
- 5 Write your Medicare number on all documents that you send.
- 6 Make copies of this notice and all supporting documents for your records.
- 7 Mail this notice and all supporting documents to the following address:

Medicare Claims Office
c/o Noridian Healthcare Solutions, LLC
Attn: Appeals Dept
P. O. Box 6727
Fargo, ND 58108-6727

You have the right to get Medicare information in an accessible format, like large print, Braille, or audio. If you request information in an accessible format from CMS, you won't be disadvantaged by any additional time necessary to provide it. This means you'll get extra time to take any action if there's a delay in fulfilling your request. You also have the right to file a complaint if you feel you've been discriminated against. Visit [Medicare.gov/about-us/accessibility-nondiscrimination-notice](https://www.medicare.gov/about-us/accessibility-nondiscrimination-notice), or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.

Usted tiene derecho a obtener información de Medicare en un formato accesible, como letra grande, Braille o audio. Si solicita información en un formato accesible de CMS, no estará en desventaja por el tiempo adicional necesario que nos tome proveer la información. Esto significa que tendrá tiempo adicional para tomar cualquier acción, si hay un retraso en el cumplimiento de su solicitud. También tiene derecho a presentar una queja si siente que ha sido discriminado. Visite [Medicare.gov/about-us/accessibility-nondiscrimination-notice](https://www.medicare.gov/about-us/accessibility-nondiscrimination-notice), o llame al 1-800-MEDICARE (1-800-633-4227) para obtener más información. Los usuarios de TTY pueden llamar al 1-877-486-2048.

If you, or someone you're helping, has questions about a Medicare Summary Notice (MSN), you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-800-MEDICARE (1-800-633-4227).

العربية (Arabic) إن كان لديك أو لدى شخص تُساعده أسئلة بخصوص Medicare Summary Notice (MSN) فإن من حقك الحصول على المساعدة و المعلومات بلغتك من دون أي تكلفة. إتصل بالرقم 1-800-MEDICARE (1-800-633-4227) للتحدث مع مترجم.

հայերեն (Armenian) Եթե Դուք կամ Ձեր կողմից օգնություն ստացող անձը հարցեր ունի Medicare-ի ամփոփ ծանուցման (MSN) մասին, Դուք իրավունք ունեք անվճար օգնություն և տեղեկություններ ստանալու Ձեր նախընտրած լեզվով: Թարգմանչի հետ խոսելու համար զանգահարեք 1-800-MEDICARE (1-800-633-4227) հեռախոսահամարով:

فارسی (Farsi) اگر شما، یا شخصی که به او کمک می‌رسانید سوالی در مورد اعلامیه مختصر منیکر (ام اس ان) دارید، شما حق این را دارید که کمک و اطلاعات به زبان خود به طور رایگان دریافت نمایید. برای مکالمه با مترجم با این شماره تماس بگیرید 1-800-MEDICARE (1-800-633-4227).

Français (French) Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions au sujet d'un avis sommaire d'un régime d'assurance-maladie Medicare (MSN), vous avez le droit d'obtenir de l'aide et de l'information dans votre langue à aucun coût. Pour parler à un interprète, composez le 1-800-MEDICARE (1-800-633-4227) pour l'assurance-maladie de Medicare.

Deutsch (German) Falls Sie oder jemand, dem Sie helfen, Fragen zu einer zusammenfassenden Medicare-Mitteilung (Medicare Summary Notice, MSN) haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-800-Medicare (1-800-633-4227) an.

Kreyòl (Haitian Creole) Si oumenm oswa yon moun w ap ede gen kesyon konsènan Avi sou Rezime Medicare (MSN) la, se dwa w pou jwenn èd ak enfòmasyon nan lang ou pale a, san pou pa peye pou sa. Pou w pale avèk yon entèprèt, rele nan 1-800-MEDICARE (1-800-633-4227).

Italiano (Italian) Se voi, o una persona che state aiutando volete chiarimenti su un Avviso per estratto Medicare (Medicare Summary Notice - MSN), avete il diritto di ottenere assistenza e informazioni nella vostra lingua a titolo gratuito. Per parlare con un interprete potete chiamare il numero 1-800-MEDICARE (1-800-633-4227).

日本語 (Japanese) メディケアのサービス概要通知 (MSN: Medicare Summary Notice) に関するご質問がある場合には、ご希望の言語で情報を取得し、サポートを受ける権利があります。通訳をご希望の方は、1-800-MEDICARE (1-800-633-4227) までお電話ください。



한국어(Korean) 만약 귀하나 귀하가 돕는 어느 분이 메디케어 약식 통지(MSN)에 관해서 질문을 가지고 있다면 비용을 부담하지 않고 귀하의 언어로 필요한 도움과 정보를 얻을 수 있는 권리가 귀하에게 있습니다. 통역사와 말씀을 나누시려면 1-800-MEDICARE (1-800-633-4227)로 전화하십시오.

Polski (Polish) Jeżeli Państwo lub ktoś, któremu Państwo pomagają mają pytania dotyczące Podsumowania Świadczeń Medicare (Medicare Summary Notice – MSN), mają Państwo prawo do uzyskania pomocy i informacji w swoim języku bezpłatnie. Aby rozmawiać z tłumaczem, prosimy dzwonić pod numer telefonu 1-800-MEDICARE (1-800-633-4227).

Português (Portuguese) Se você (ou alguém que você esteja ajudando) tiver dúvidas sobre um Medicare Summary Notice (MSN), você tem o direito de obter ajuda e informações em seu idioma, gratuitamente. Para falar com um intérprete, ligue para 1-800-MEDICARE (1-800-633-4227).

Русский (Russian) Если у вас или лица, которому вы помогаете, возникли вопросы по поводу Краткого уведомления об оплате медицинских услуг по программе Медикэр (Medicare Summary Notice - MSN), вы имеете право на бесплатную помощь и информацию на вашем языке. Чтобы воспользоваться услугами переводчика, позвоните по телефону 1-800-MEDICARE (1-800-633-4227).

Tagalog (Tagalog) Kung ikaw, o ang isang tinutulungan mo, ay may katanungan tungkol sa Paunawa ng Buod ng Medicare (MSN) ikaw ay may karapatan na makakuha ng tulong at impormasyon sa iyong lengguwahe ng walang gastos. Upang makipag-usap sa isang tagasalin ng wika, tumawag sa 1-800-MEDICARE (1-800-633-4227).

Tiếng Việt (Vietnamese) Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Thông báo Tóm tắt Medicare (MSN), quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện qua thông dịch viên, gọi số 1-800-MEDICARE (1-800-633-4227).